



Leander Police Department
ADVANCED Citizen's Police Academy
Application for Enrollment



Name: _____

Date of Birth: _____

Address: _____

SSN: _____

City/State: _____

Zip Code: _____

Cell Phone #: _____

DL # /State: _____

Home Phone #: _____

Alternate
Phone #: _____

Email Address: _____

Best Way to reach you on short notice:

☐
☐
☐

Cell Phone

Email

Other: _____

Are you currently a member of the LCPAAA?

☐
☐

YES

NO

What year did you join the LCPAAA?

Are you a part of the Leander Citizen Patrol?

☐
☐

YES

NO

What year did you graduate the Basic CPA?

Who was your Basic CPA Class Coordinator?

Have you ever attended the Advanced CPA before?

☐
☐

YES

NO

What Year?

I authorize the Leander Police Department to conduct a background investigation to obtain any information relating to my criminal history record for the purpose of making a determination of eligibility for the Advanced Citizen's Police Academy.

Signature: _____

Date: _____

Please Mail, Email, or Hand Deliver completed form to:



Community Services Officer
Leander Police Department
705 Leander Drive
Leander, TX 78641
512-528-2821

CommunityServices@leandertx.gov